

Exhibit #A**General Information**

Date: 5/4/2015 **Monday**
 Location: John Sealy OR Location
 Patient class: Hospital Outpt Surg

Time: 0715
 Room: JSOR18
 Case classification: TDC

Status: Posted
 Service: Spine Orthopedics

Frederick Shawnee Carter

MRN: 367820N

Log ID: 280698

Case Notes

894301

Patient Diagnosis

Pre-op diagnosis: recurrent herniation of lumbar disc , herniation of lumbar intervertebral disc with radic
 Post-op diagnosis: herniated lumbar disc

Panel Information

Panel 1

Surgeon	Role	Service
Lindsey, Ronald Wayne, MD	Primary	Spine Orthopedics
Rowe, Lattisha Latoyah, MD	Resident - Assisting	Resident
Schrayer, Aaron Dale, MD	Resident - Assisting	Resident
Namm, Joshua Dustin, MD	Resident - Assisting	Resident

Procedure: LUMBAR DECOMPRESSION WITH FUSION/INSTRUMENTATION

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A	Clean - uninfected, no tract entered		General	Back

LUMBAR DECOMPRESSION WITH FUSION/INSTRUMENTATION (N/A) - Position 1

Body:	Prone Padded prone frame properly placed; allowing chest movement & decreased abdominal pre, Padding on occiput & elbows w/spinal alignment & safety strap on	Left Padded Armboard Resting on padded arm boards and secured; palms down	Right Padded Armboard Resting on padded arm boards and secured; palms down
Head:	Aligned Prone eye shield, Padded & supported in alignment w/spine, Forehead; eyes & chin padded & protected	Left In Alignment Safety Belt, Knees padded w/pillows beneath lower legs & feet	Right In Alignment Safety Belt, Knees padded w/pillows beneath lower legs & feet
Positioned by:	Richison, Galen, RN Griffin, Ryan Cs, MD Rowe, Lattisha Latoyah, MD		Comments:

Exhibit # A-1

signs and symptoms of injury due to extraneous objects.: The patient is free from signs and symptoms of physical injury.: Complete ALL	Nursing Interventions and Activities: Completed: Yes Nursing Confirm All Interventions and Activities:
	Confirm All

Fluid and Electrolyte Balance

No data filed

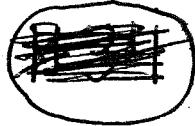
Implants

Inventory item: SCREW SOLERA 4.75 TI NS BREAK OFF MEDTRONIC #5440030	Serial no.:	Model/Cat no.:
Implant name: SCREW SOLERA 4.75 TI NS BREAK OFF MEDTRONIC #5440030 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Medtronic	Action: Implanted	Number used: 6
Inventory item: SCREW SOLERA 6.5X30MM MEDTRONIC #54840006530	Serial no.:	Model/Cat no.:
Implant name: SCREW SOLERA 6.5X30MM MEDTRONIC #54840006530 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Medtronic	Action: Implanted	Number used: 2
Inventory item: SCREW, MEDTRONIC SOLARA 6.5X45 #54840006545	Serial no.:	Model/Cat no.:
Implant name: SCREW, MEDTRONIC SOLARA 6.5X45 #54840006545 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Medtronic	Action: Implanted	Number used: 4
Inventory item: ROD 4.75 CCM NS CURVED 70MM SOLARA MEDTRONIC #1475501070	Serial no.:	Model/Cat no.:
Implant name: ROD 4.75 CCM NS CURVED 70MM SOLARA MEDTRONIC #1475501070 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Medtronic	Action: Implanted	Number used: 2
Inventory item: DBM PUTTY MAXXEUS 10CC CTS #2018-40	Serial no.:	Model/Cat no.:
Implant name: DBM PUTTY MAXXEUS 10CC CTS #2018-40 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Community Tissue Services	Action: Implanted	Number used: 1
Inventory item: BONE, COMMUNITY TISSUE SERVICES CANCELLOUS CRUSHED (1 10MM) FREEZE DRIED 30.0 CC #1024-12	Serial no.:	Model/Cat no.:
Implant name: BONE, COMMUNITY TISSUE SERVICES CANCELLOUS CRUSHED (1 10MM) FREEZE DRIED 30.0 CC #1024-12 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Community Tissue Services	Action: Implanted	Number used: 1
Inventory item: BONE, COMMUNITY TISSUE SERVICES CANCELLOUS CRUSHED (1 10MM) FREEZE DRIED 30.0 CC #1024-12	Serial no.:	Model/Cat no.:
Implant name: BONE, COMMUNITY TISSUE SERVICES CANCELLOUS CRUSHED (1 10MM) FREEZE DRIED 30.0 CC #1024-12 - LOG280698	Laterality: N/A	Area: Back
Manufacturer: Community Tissue Services	Action: Implanted	Number used: 1

Security taking
Walker Polansky

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

Exhibit #B



PART A: (To be completed by offender)

Offender's Name: Frederick Carter

Work Assignment:

Wing No: 11-19

Service needed: Medical Dental Mental Health Other:

Reason for Health Services Appointment: Security took Walker as I was taken to Bldg. Caw
not get up nor walk without it. Also they took white Back Brace / living on floor

How long have you had this problem? Hours: _____ Days: 9 without walkie

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

J Carter

Signature of Offender

SEP 04 2015

KPA

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: Please discuss with KPA at your
appt. Will talk to Security

Medical Staff Member's Signature

R. Abell

Date

Exhibit #1

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement

Code:

Unit:E2 200 Staff Name: Classification Sgt. Parker Grievance #: 2015173483 Date: 07/09/15

Offender Name: Carter, Fredrivck TDCJ #: 1292315 Housing Location: WP 202

In accordance with BP-03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. **Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of".** If you have no knowledge, explain the reason why, (e.g., I was on vacation; I was not assigned there, etc.). Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

Participant(s) Statement:

Witness(es) Statement (signed):

Activity Logs (Recreation, Shower, Feeding)

Other:

Shift Roster

Ingress/Egress Log

Property Confiscation Form

Staff or Offender Protection Investigation

Property Inventory Forms

Property Logs

ALLEGATIONS: Claims on 07/05/15 he was moved from an infirmary cell to a lock up cell; claims this is against his medical restrictions and not safe for him. Claims the room is not equipped for a hospital bed which he is required to have and too far from the nurses station. Claims no case was written and he should not have been moved.

EMPLOYEE STATEMENT:

PRINTED NAME

DATE

SIGNATURE

RANK/TITLE

SHIFT/DEPARTMENT

SUPERVISORS COMMENTS:

Offenders are housed at the RMF based on Medical Need, Carter is housed appropriately

D Ballard
PRINTED NAME
Signature

PBI
RANK/TITLE

7/17/15
DATE
Classification
SHIFT/DEPARTMENT

Exhibit #2

208

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement

Code: _____
 Unit:E2 200 Staff Name: Classification/Sgt. Parker Grievance #: 2015173483 Date: 07/09/15
 Offender Name: Carter, Fredrick TDCJ #: 1292315 Housing Location: WP 202

In accordance with BP-03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. **Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of".** If you have no knowledge, explain the reason why, (e.g., I was on vacation; I was not assigned there, etc.). Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

Participant(s) Statement: *Note Security Justifies such move by false statements, I was already G-5 & Locked in a 3E man cell + an Officer always accompanied Medical Staff.*
 Witness(es) Statement (signed)
 Activity Logs (Recreation, Shower, Feeding)
 Shift Roster
 Ingress/Egress Log
 Property Confiscation Form
 Other: *also how*
aggressive can a Bed ridden inmate be that had
not assaulted nor threatened anything at any Staff!

ALLEGATIONS: Claims on 07/05/15 he was moved from an infirmary cell to a lock up cell; claims this is against his medical restrictions and not safe for him. Claims the room is not equipped for a hospital bed which he is required to have and too far from the nurses station. Claims no case was written and he should not have been moved.

EMPLOYEE STATEMENT: *All beds or (rooms) at the RMF are infirmary beds. All rooms including the room that Offender Carter was moved to is equiped with an electrical outlet for a hospital bed because all beds at the RMF are hospital beds. Offender Carter was moved because he is aggressive towards medical staff, this room insures that a security officer will be present to unlock the door and be with medical staff. No case has to be written for a move to be done, offenders do not choose their own housing locations. Offender Carter is receiving the same medical care he was before he was moved.*

PRINTED NAME - R. PARKER

R. Parker

SIGNATURE

DATE - 7-15-15

Sergeant

RANK/TITLE

Anal RMF

SHIFT/DEPARTMENT

SUPERVISORS COMMENTS:

all rooms in the RMF are medical rooms the level of care does not change for any room an offender lives in.

M Gunnels

PRINTED NAME

M Gunnels

SIGNATURE

Lt

RANK/TITLE

8-7-15

DATE

RMF

SHIFT/DEPARTMENT



Exhibit
#3

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY

STEP 1 X

STEP 2

Unit:	Investigator	Date Initiated:	Date Completed:	Date Due:	
E2	I1780	07/09/15	08/06/15	08/18/15	
Offender Name: Carter, Fredrick		TDCJ No: 1292315	Grievance No: 2015173483		
Issue Code: 200	EMERGENCY <input type="checkbox"/>	ADA <input type="checkbox"/>	Property <input type="checkbox"/>	Use of Force (UOF) <input type="checkbox"/>	
	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	Disciplinary <input type="checkbox"/>	Religion <input type="checkbox"/>	Harassment or Retaliation* <input type="checkbox"/>	
	Medical <input type="checkbox"/>	OPI Investigation <input type="checkbox"/>	PREA <input type="checkbox"/>		

*Harassment or Retaliation for Use of Grievance Procedures, Access to Courts, or other Legal Activity

NOTE: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual assault, sexual abuse, criminal acts by staff, excessive or unreported UOF, the investigation must be conducted by the Office of the Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: (include date, time and location):

Claims on 07/05/15 he was moved from an infirmary cell to a lock up cell; claims this is against his medical restrictions & not safe for him. Claims the room is not equipped for a hospital bed which he is required to have and too far from the nur station. Claims no case was written and he should not have been moved.

Requested Remedy:

Moved back to infirmary

The following is to be completed and signed by the Investigating Official. Attach statements/support documentation, if applicable.

Summary of Fact Finding Activity:

Statements from: Ballard

UCR 02

Suggested Response to Offender:

Your complaint has been noted. Chief of Classification states offenders are housed at ~~the~~ RMF based on their medical needs. You are appropriately housed. No further action is warranted. *KK*

OUTCOME CODE:

D

RESOLUTION CODE: 2.02

(Grievance Office Use Only)

Investigating Official completes the section below.

Printed Name: M. Nichols

Signature:

Title: INV. III

Date: 08/06/15

This grievance is being processed in an effort to resolve a problem through the established identified in BP-03.77 and AD-03.82. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

Exhibit # 4-A

CORRECTIONAL MANAGED CARE PHYSICAL THERAPY CLINIC NOTE

Patient Name: CARTER, FREDERICK S TDCJ#: 1292315 DATE: 09/08/2015 11:48 Facility: ESTELLE (E2)

Nurse Protocol:

Np - Eye/ear/nose/throat Complaints First Observed 8/26/2012 10:35AM

Not Specified:

Tb Class 0 (no Exposure Pulm. Tuberculosis) First Observed 4/17/2006 10:45AM
Mental Health Psychiatric Target Symptoms First Observed 2/6/2007 10:25AM
Social History First Observed 2/6/2007 01:34PM
Mental Health Case Mgmt Problems And Trmt Objectives First Observed 2/6/2007 01:34PM
Hyperlipidemia First Observed 10/5/2012 11:14AM
Back Disorder Nec/nos First Observed 11/5/2012 09:30AM
Offender Returning From I/p Psych Facility First Observed 10/4/2013 09:54AM
Knee Pain First Observed 11/22/2013 11:23AM
Disturbance Of Skin Sensation First Observed 2/3/2014 08:59PM
Schizophrenia, Paranoid Type First Observed 3/25/2014 12:26PM
Contact Dermatitis And Other Eczema First Observed 12/12/2014 09:45AM
Spinal Stenosis Of Lumbar Region First Observed 1/31/2015 10:23AM

PHYSICAL THERAPY EVALUATION

SUBJECTIVE:

Pt's Pain Level: 3/10 today at the lumbar area

PMH: HTN, Back surgery in 5/1/15

Pt's goals: Wants to get AD for walking

Past Physical Therapy: yes here at Beto and E2

Precaution's: fall, universal

PLOF: Independent in ADL, and Walking with walker



OBJECTIVE:

Pt is 49 year male who comes to OT from TL unit today

OT requested to see him due to his needs of AD for walking

Pt had S/P S/P L4-S1 decompression, instrumentation and fusion 5/1/15

Pt started his post op rehab on 6/17/15 and he received here at E2 until 7/20

Pt transferred to Beto unit and received rehab from 7/28/15 to 8/6/15

Pt re-assign to TL unit with walker. He was doing at TL unit

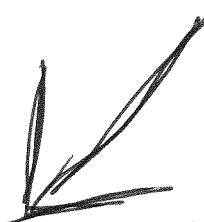
Pt was refer to OT back in June when he was here at RMF

Pt is Independent in all Transfers and ADL

Muscle Strength in Rt LE is 3+ to 4/5

Pt wearing the back braces which was given by HG

Pt comes to PT without his walker for walking



Gait: slow, small step and risk of fall. Balance in walking is poor to fair without AD

Pt said TL unit took me to free world hospital last week, not sur e what happen to my walker

SUMMARY OF FINDINGS

Patient presents with:

1. Pain at the low back 3/10
2. Able to do his daily activities without any c/o.
3. Pt had Post rehab here at E2 and at Beto before he was assign to TL unit
4. Decrease strength in Rt LE
5. Poor gait pattern and need AD to walk

GOALS:

1. Increase strength in Rt LE
2. Maintain the current level of ROM and Strength

Exhibit #4-B

CORRECTIONAL MANAGED CARE PHYSICAL THERAPY CLINIC NOTE

Patient Name: CARTER, FREDERICK S TDCJ#: 1292315 DATE: 09/08/2015 11:48 Facility: ESTELLE (E2)

3. Independence with HEP (Received at Beto)
4. ~~Provide AD to walk safer and prevent fall~~

PLAN OF CARE: PT gave him a set of home exercises for the back which include stabilization exercises with instruction.

~~PT issued walking cane today with pass due to his walker is at his unit.~~
~~Recommend his unit medical please provide his walker back to his to use for walking.~~
Once he get his walker back the walking cane be return to unit medical
No recall.

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
9/8/2015 12:07PM	PT-PHYSICAL THERAPY VISIT ENCOUNTER CREDIT (F)	back disorder nec/nos		
9/8/2015 12:07PM	CP-PATIENT EDUCATION	back disorder nec/nos		
9/8/2015 12:07PM	RS-CPT PHYSICAL THERAPY EVALUATION	back disorder nec/nos		
9/8/2015 12:07PM	RS-CPT GAIT TRAINING THERAPY	back disorder nec/nos		
9/8/2015 12:07PM	RS-CPT UNLISTED THERAPEUTIC PROCEDURE	back disorder nec/nos		

Electronically Signed by RAVICHANDRAN, GIRIRAJ PT on 09/08/2015.
##And No Others##

Hand Copied Eastern
Cases

9/21/15 *Finally Gave
Walker
Ms. Carter & Pope
Exhibit #5

Dear Ms. Carter & Ms. Pope,

I am writing the 2 of you to extend my deep gratitude and appreciation of Both of you working diligently and together to provide me with my walker back which "someone" has failed to return to me since

August 24th, 2015. As you have witnessed I have been suffering greatly in my efforts to walk and get around. Medical has been giving me loaner wheel-chairs and Walker's only to transport me to and from the chain bus and also back to my pod only to take these items back away from me and thus leaving me to fend for myself. Offenders have had to carry me on and off of the chain bus due to my condition being so grave. Therefore I am saying thank you all so, so, very much! I can't believe medical has made me suffer so long before returning my walker. But that was them ^{yet} The 2 of you, I would like to commend for helping me out, Even though I did fall extremely hard ^{to my aid} and ^{which the act you so graciously provided} to receiving my walker and ^{was transported to the ER.} But Thank God the 2 of you had my walker ready, waiting and assigned to me along with my pass even! Now that was truly a blessing and I have ^{Both of} you ladies to thank beyond ^{all} ^{thing} ^{describe or} what any words could ever express! I feel so much

safer and secure in maintaining my balance ^{adding support} to my Back Surgery weakened legs, whenever I attempt to walk, thank you very very much

ladies!, From Ms. Carter's Namesake,

Have a nice day, God Bless

Frederick Carter

~~Smile~~

9/21/15

#1292375 B-53 Bottom

"Smile" I can now, thanks to the 2 of you, I can walk also

~~6~~

~~1~~

Exhibit #6

22 April 2015

Patient Frederick Carter,

* I am going to be honest with you, even I didn't know Polunsky had a handicap shower in 8 Building. I was talking to the warden about it and he had to ask one of the Captains if there was a handicap shower in 8 Building. I think that your request should have been for a handicap shower pass not a medical shower pass. A medical shower pass means that you come to medical to shower. That is not going to happen. Difference in words can result in things being held up. Not your fault. I didn't even think about a handicap shower myself because I didn't know Polunsky had one. Regardless, I think the situation has been resolved. Please let me know if you are not being allowed to use the shower. Also, you are leaving in about a week to have the surgery. Hope this helps.

Mr. Stalinsky
Sr. Practice Manager
Plane / Hightower / Henley / Polunsky / Cleveland

My Housing 85-28 Bottom

~~Both
LS & POL~~

Stalinsky

~~2/27/15~~

Copy Both Sides

FEB 27 2015

Exhibit

Administrator Stalinsky,

I have previously been in contact with you about my medical situation and you have been of the utmost help to me! I did have a X-Ray and MRI and it was the Neuro-surgeon conclusion that I need surgery. I have been suffering pain since 2012 after my hemilaminectomy and discectomy and I had not been seen nor had any type of follow-up until these X-Rays and MRI in Jan. 2015. I had a fall on Jan 19th 2015 and my physical condition has deteriorated tremendously and I am at a point where I can barely take care of myself, and I am in the most pain and discomfort than ever. I saw Dr. Diane Jackson here at Polunsky and she gave me more pain meds and a kenalog 40mg shot on Feb. 25th 2015. Also she stated to me that I was waiting for surgery but Correctional Managed Care had to approve such operation. I am writing to you to maybe review my situation and talk to the Neuro-Surgeons at Galveston and try to contact CMC and get them to expedite my approval for surgery. Because I am at an all-time low in my physical condition. Since falling I am not at all in very good condition at all and I need this surgery as soon as possible. Please help me, Please. Also Please Respond as soon as possible, I

? ~~BB~~
Exhibit #8

27 Feb 2015

Patient Frederick Carter,

I read the note on 2-25-15 about surgery yet I do not see an appointment for it. ~~That has me concerned because things fall through the cracks.~~ Not saying your surgery did, but I will have to investigate further with Hospital Galveston. Please write me back on 3-6-15 to inquire about the surgery. I need time to investigate. Thanks.

Mr. Stalinsky
Sr. Practice Manager
Plane / Hightower / Henley / Polunsky / Cleveland / Lychner / Kegans

Both
LSS Pol

~~scribble~~

Exhibit ~~#~~
MAR 13 2015

Mr. Stalinsky,

Thank You so very much for all the help which you have provided to me during this rough ordeal. I got your Response to my letter on 3/11/15 and told me to write back on 3/6/15. Lord I have fell through the cracks before and I hope that this is not the case this time.

I have another issue to bring to your attention, I am now off of G-5 status and I have to walk to meals, pill window and necessities. I fell on my way to chow on Wednesday and I just cannot take care of myself out in G-4 status. My leg is giving out more and it's hard for me to take care of myself. I don't want to go back to closed custody, but I need a better environment to facilitate my needs right now until I have this surgery, I went to sick call on the evening of 3/11/15 and told the nurse of my needs and she stated that the infirmary here on Polunsky was full. With myself in this dire situation, I feel that a bed should be made available to me with these extreme conditions which I am suffering from until I have surgery to allow me to cope and live in the ~~the~~ General population environment. The records will show that I am messed up and need surgery, I just don't know why Staff here can't facilitate me with a proper environment, Mr. Stalinsky I just can't take it by going and walking to get all of my necessary accomodations and supplies. I need a bed in the infirmary as soon as possible because I just can't take care of myself out here and like this. Thank You Please respond

~~Both~~
~~LS & Pol~~

~~Exhibit #10~~

~~Exhibit #10~~

17 Mar 2015

Patient Frederick Carter,

There is no bed availability on Polunsky's infirmary. Every bed is being used. My suggestion is to ask the provider to evaluate you concerning your housing restrictions. I am still trying to find out why a date has not been set for your surgery. I am having one of my associates contact Hospital Galveston scheduling department to find out what is going on. Regardless, submit a SCR asking a provider to evaluate you for your restrictions. Maybe a walker is needed to keep from falling? I do not know. That will be a provider's decision. Hope this helps.

Mr. Stalinsky
Sr. Practice Manager
Plane / Hightower / Henley / Polunsky / Cleveland

~~Medical~~ Leaving for surgery ~~APR 21~~ Copy Both Sides

APR 21

Copy Both Sides

Mr. Stalinsky

Frederick Carter 85-28 Bottom

4/20/15

Exhibit #1

Mr. Stalinsky, thank you for responding as usual to my last letter to you. This time I am writing about a very disturbing situation which I even made you aware of some time ago. After visiting the Doctors having several Doctor's visits and by letting you also know that I desperately needed a handicapped shower, and upon these Doctors telling me that the infirmary was full, I didn't meet the criteria for the infirmary, and they even tried to move me to 11 building so that I would have to walk as far to activities, because as they stated "that is all that they can do, seeing as I'm 72 & I was having serious problems just to walk and get around. I didn't meet the criteria for the infirmary yet, I am injured so severely that I need surgery and the Doctors said that after surgery I could be housed in the infirmary. I'm all Broke down and I can't be housed in the infirmary after I go through surgery and I am fixed. Don't make any much sense for someone in my severe condition. The last visit to Dr. Jackson due to my declining ability to get up and down, on the foul of bed, I was then given a lift and I learned along with requesting Dr. Jackson to put a handicapped shower and once again she said that there wasn't anything that she could do. Then about 6 days later I fell in the shower and injured my head back and eye and I fell so hard it knocked out my tooth cut, I knew that I was being taken care of in a bad feeling and a bad fall a second time. They should have been moved you to 31-8 building because I don't have a handicapped shower. Don't be angry, I wasn't suppose to tell off because these Doctors think that I am a bad citizen.

The infirmary yet, I am injured so severely that I need surgery and the Doctors said that after surgery I could be housed in the infirmary. I'm all Broke down and I can't be housed in the infirmary after I go through surgery and I am fixed. Don't make any much sense for someone in my severe condition. The last visit to Dr. Jackson due to my declining ability to get up and down, on the foul of bed, I was then given a lift and I learned along with requesting Dr. Jackson to put a handicapped shower and once again she said that there wasn't anything that she could do. Then about 6 days later I fell in the shower and injured my head back and eye and I fell so hard it knocked out my tooth cut, I knew that I was being taken care of in a bad feeling and a bad fall a second time. They should have been moved you to 31-8 building because I don't have a handicapped shower. Don't be angry, I wasn't suppose to tell off because these Doctors think that I am a bad citizen.

~~Mr.~~ Mr. Stalinsky, I am in total Exhibit #12, ~~astonishment~~ + am being subjected to those kind of rules & regulations which are constricting and

4/29/15

forcing me to medical conditions which are given to provide me with life and secure environment. I will write you again. This order will be carried, bagging and doing everything I have to do as a handicapped person and contacting you and then I finally get the handicapped shower passes even existed. Then on 4/17/2015 I was granted the pass and took 4/29/15 at 4:20 I went to bed but about 3 showers in the handicapped shower because of the Guards unwillingness to escort me to this handicapped shower. Also it is hard enough to get a shower in the regular shower daily by all inmates and on top of that I wrote Class 1 to Mr. Duff about this on 4/17/2015 and he did not respond or acknowledge it until 4/19 then I documented it again when I wrote on 4/29/15 because of no response by him and told Mr. Duff that he moves people all day, everyday for all kinds of reasons yet none of the magnitude of a doctor's orders to set a handicapped shower up in his office. After 4 days of every attempt to have this shower made available to me the handicapped shower is located. I even explained to Mr. Duff that I was a handicap that I had a handicapped shower because the Doctors don't know how to take a patient down, but if I even expect to get a shower, the Doctors eventually that they don't got time to do anything for the shower and if I want a shower at all I had best take a walk outside on the corridor. In this I don't have no choice but to ~~if~~ still I even want a shower. I can't even get showered under this circumstances. This Pass is of No Use. What ever this is for? Sense or just not what?

Repeated attempts to set up a handicapped shower. Daff, face try on 4/17/2015. I was told to go to the Doctor's office and back home again. I again went to the Doctor's office and I got promised to be in the shower by 4:20. I was told to go to the shower at 4:20. I was told to go to the shower at 4:20. I was told to go to the shower at 4:20.

and maybe he will meet you. He surely hasn't. I am being subjected to this crazy, crazy place. It guess that because of the location of the hospital and the fact that there is no help for the patients. I am being subjected to this crazy place. I am being subjected to this crazy place. Given a place I must be the first person to get out of this place. I am being subjected to this crazy place. Doctor's don't contact patients after a certain time. I am being subjected to this crazy place. I am being subjected to this crazy place.

From Page #1 May 12, 2016 Hand Copy
Frederick Carter #1292315 mad

C-28 Bottom Exhibit 13 Page 5/12/16

DEAR M.C. Moore, I have a serious medical issue which needs your attention
*** Use for Both Cases ***

as soon as possible! I had Back Surgery in Oct. 2013 and I was recovering very well until I Fell ~~from~~ a top Bunk on the Byrd Unit on Jan. 19, 2015. In May of 2015 I had a Laminectomy and Discectomy with Fusion and Rod Instrumentation, I have Been to therapy a couple of occasions yet I still walk with a walker and wear a Back brace. My legs are extremely weak and my right leg is useless (Dead). I still have tingling & numbness in Both legs and extremities, especially both Thighs. my Mobility is very very poor and I Labor tremendously just to walk, sit, stand and do daily function. On August 25th 2015 my walker was taken from me for no apparent logical reason and I suffered another fall. Medical Staff failed to provide me with a Walker, telling me That they lost mine which was taken ~~when they took me to the hospital~~ ^{I by gun}. I went to Estelle Unit on Sept. 24th 2015 without Medical here at Polunsky giving me any type of walking aide whatsoever. Upon the Medical Staff at Estelle Unit Clearly seeing That I could not ~~walk~~ walk without other inmates assisting me, The Physician at Estelle's Physical therapy searched desperately for me a walker yet None was available, though he did give me a medical cane to assist in my walking to prevent me from falling again. He also made a Note on the Computer for Polunsky Medical to provide me with a walker immediately upon my return. ^{After so inter} I returned on Sept. 9th 2015 and I wrote sick calls, grievances ^{only to be} and was even told that the Notes to provide me with a walker was on the Computer but The Medical Staff here at Polunsky failed to adhere to those instructions. On September 21st 2015 during lock-down on the Rec. Yard I suffered another fall at which time the Medical Staff ~~at~~ here at Polunsky finally gave me my walker back. These falls have been detrimental to me recovering and I am in very bad shape and I have walking, housing, bunk, sitting & standing restrictions all of which this facility does not facilitate. The walking Distances are astronomical and ^{personally in my condition} over my limitati^{the distance} the wet and slippery walkways outside due to the weather or inside due to the humidit^{when I have slippery surface restrictions}. I have to live with a cellmate which requires me to give him his "free time" and I must sit and stand periodically for 8 to 9 hours a day. I can't go to the Doms here because I take psyche meds, where I could have my own cubicle and lay in bed if my pain warranted such. Also even now with my condition in terrible shape I do not even have access to a handicapped shower once again after on April 3rd 2015 here at Polunsky I fell in the shower and Knocked out my front teeth. I Had an appointment with the Provider here on May 10th and she strongly did concur with me after examining me and a visible inspection that I do need a facility which will meet my restrictions and suit someone as myself with such severe disabilities. Therefore she made Notes of such on the computer, yet said she don't know if anything will be done. That's Pitiful! I need to be transferred to a walker-friendly less walking Distance and Dorm Housing such as Justice or Powledge Units. I am asking for your help in getting me transferred to a unit which is more suitable for my disabilities. I also

need to be housed in the appropriate housing area here at Tolunsky with a handicapped shower which I can access. The Doctor also stated that she put in the computer notes for another ^{older} inmate in the same dire condition which I am in physically and she said over 3 weeks now and He is still on this unit. Seems like inmates visibly and obviously handicapped to a severe state as myself should undoubtedly be transferred to a facility to better suit them, and it should be done so immediately because this is ridiculous to have to walk over a hundred + some yards one-way to the dining hall, deal with the elements of wet sidewalks as trip + fall hazards especially when it takes me forever to walk these outrageous distances because I walk on a walker very very slow with intermediate rest breaks. This Unit is not at all appropriate for me nor the physical condition which I am in and the Doctor has even made her notes to the same effect, so I am desperately seeking your help to get me to an ADS unit with Doms such as Justice Unit or Pawledge Unit. But any indoor, less walking distance and available handicapped showers would be fine. Please assist me in this matter as soon as possible. Thank You

+ God Bless

Frederick Carter

1292315

J. Carter

5/12/2016

As per policy, informal grievances must
be submitted on an I-60. Please
resubmit a brief statement.

Kevin Moore, SPM

May 14 2016
James DK

* Polynsky Falls after taking Walker * From Frederick Cart #12923
Please Please Respond for Once * Exhibit #14 11/26/17

Dear Medical Administrator, I have some serious concerns as to my treatment and current physical condition which I am in. I had major Back Surgery in May 2015 - (a Laminectomy and discectomy with Rod instrumentation). I have had serious problems from this date and I have been seen numerous times by the provider and each time the provider fails to even take any X-rays since the surgery date and after which I had a violent fall ^{in August} September of this same year & was treated by this unit's ER. Even then after complaining of Back & serious hip pain after this fall occurred, the providers here still have not ordered any X-rays to see if my back was re-injured or even worse, if maybe the rod instruments shifted or moved and this is the reason for which my physical condition has quickly been deteriorating and I stay in constant pain and grunt and moan at the slightest movements that I even make. I was told by the providers that my condition would slowly progress and get better, but I just don't see it because it just isn't happening and it is very evident that my condition is worsening more & more each day! I strongly feel that with such instrumentation & disc problems that an X-ray atleast should have been performed a long long time ago after surgery 1st & non the less, after my September fall. Since my surgery in 2015 I have not had not one follow-up where a X-ray was taken to see if the rod instrumentation or my discs remained in place and are OK. I don't understand this method of care. Something is wrong with my back and going to the provider and receiving more Non-aspirin for pain just isn't cutting it. I atleast need someone to take an in-depth look at imaging to see what in the world is wrong with my Back, legs, knees & hip. As always I don't think that you will respond as usual, but I have made a carbon copy of this letter to maintain for my records because I'm going to continue to pursue & write to everyone to get my adequate medical attention.

~~Handicap Shower~~

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

(Redacted)

(Redacted)

3/17/15 Exhibit #15

PART A: (To be completed by offender)

Offender's Name: Frederick Carter

Date:

Work Assignment:

TDCJ No.:

Wing No: 85 - 28 Bottom

School Hours:

1292315

Service needed: Medical Dental Mental Health Other:

Work Hours:

Reason for Health Services Appointment: I Need to be housed in infirmary can't walk and need handicapped shower; Need done immediately

How long have you had this problem?

Hours:

27

Days:

20

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Carter

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply:

You have a pending provider appointment
that was scheduled during lockdown to
address this concern. It will be rescheduled.

MAR 17 2015

(CR)

Medical Staff Member's Signature

R. Abbott

Date

HSA - 9 (Rev. 2/12)

Eastern Cases Medical Trying to get Handicap Shower

(3B)

Sick Call

Exhibit #16

4/9/15

I have been pleading and begging to be moved to infirmary to have access to handicapped shower, didn't qualify. Tried to be moved to a wing with handicapped shower and neither Doctor knew if one existed. Got Urinal because of how severe it is for me to get up & walk in mornings. Took shower one morning and fell and injured self including knocking out a front tooth. On 4/7/15 Officers and offenders told me that a handicapped shower exist on 85 building and not only does it exist, but it is right next to the wing that I am housed on. Sad sad the provider did it help me for as long as I requested for such. Also I need to know if CMH has approved surgery. Need as soon as possible, suffering severely. Need Handicapped shower and to be moved to J-1 section. Thank You Frederick Carter #1292315 4/9/15 See provider 3/30/15 Please run Abbott APR 10 2015 your surgery and note does not order medical shower. Abbott is coming up

* Handicap Shower

I-60 Medical

3/19/15

Ms. Curry

Exhibit #17

I am trying to find out the improbable cause and reason which I am not qualified to be housed in the infirmary. Under the circumstances that I am clearly handicapped with a back brace and cane along with being severely incapable of walking and showering in a regular shower, I don't see why in the world I don't qualify to be housed in a secure and safe environment as I wait to undergo surgery.

In my condition I am even more astonished that I am not provided a handicapped shower. Mr. Stalinsky is only Temporarily here onsite and I need a quick response because I feel that this is a grievable issue and the Patient liaison, Executive Medical director and Unit Medical Director need to be kept abreast of and aware of.

It is hard for me to walk and get necessities, showers, pill window and chow and under the serious condition which I am suffering, I should not have to endure such! It alarms me that a proper plan has not been systematically put in place to provide the proper facilitation and housing for offenders in the situation which I am in. The Doctor saw me on 3/18/15 and stated they couldn't assist me, nor did he even know if a handicapped shower was available in General Population. That's astounding!

Could you please respond as soon as possible because I need some relief as soon as possible! Thank You

Frederick Carter #1292315 8J-28 Bottom

5pm KAB6000

3/25/15 GEA

From: Frederick Shawnee Carter

Both
LS+POL

3/24/15

Exhibit #18

Nurse Curry,

Page #1

copy 6

I have been desperately awaiting a response from you in regards to my letter of 3/19/15 because my physical condition is rapidly deteriorating and I am in need of your help and assistance to provide me with and ~~as~~ relief within your realm or grasp. I am in bad shape Ms Curry and I am seemingly not making any progress to succeed in getting anywhere. Maybe to shed a little more light on my situation, I will enlighten you to some of the facts. I had a hemilamectomy and discectomy in Oct 2012, I recently fell from a top bunk on 1/19/15, I then went to Galveston on 1/20/15 for a x-ray, then returned to Galveston on 1/23/15 for a MRI, On back to Galveston on 2/17/15 and notified by the neuro-surgeon that I had been severely injured and I need surgery. Since this time I have become incapable of walking which since 2012 I have worn this big corset styled back brace and already walk on a cane. My condition has worsened severely since that time, as you witnessed when I spoke to you in the infirmary on 3/18/15 about Mr. Stalinsky and when he would return. I spoke with Nurse Jackson prior to this on an appointment and she stated that CMC approval was all that I was waiting upon. I tried to get better housing due to my lack of walking capability and a handicapped shower because when my back and that sciatic nerve decapacitate pain occurs, I instantly fall. Now I then on 3/18/15 when I spoke to you, I had an appointment with the doctor at which time he stated that the hospital was full and I did not meet the qualifications to be housed in the infirmary.

~~Both Sides~~ Copy Both Sides

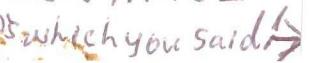
#18B Page #2

and do not have to walk, maybe an immediate transfer to a facility which meets my medical condition and need at this present time. Ms Curry you seem to be a very nice and caring lady, that is exactly why I am reaching out to you for any and all assistance which you may give me or proffer up on my behalf by using whatever pull and persuasion that you may have around here and with Galveston. It's not in vain nor is it for an offender trying to play games or present a problem when they truly do not have a problem. Ms Curry I am in bad bad shape and I am mentally and physically fatigued and my body with all this pain has gotten me close to the point of giving up, because I can't seem to get any help that I most graciously need. In the mornings the pain and severity of my suffering is so bad, my cellie has to help me to the toilet in the mornings. The mornings are the worse of all, very intolerable. The rest of the day is bad just as well, but the mornings are inexplicably rough.

Please Ms Curry I am begging, pleading and any thing else I may need to do to you for some help Ma'am and after seeing you talk to Offenders and after talking to you myself, it just gives me a strong sense that I have faith in you getting something done for me and as hard as it has been for me to sit upright and write this autobiography ☺ smile, I think that it is all worth it because I think that it is

* Eastern Cases *
Letter to Dr. Diane Jackson
See Back

4/14/15 Exhibit #19 Frederick Carter
#1292-315
APR 15 2015 8 Copy Both Sides

Dag-gone Dr. Jackson, I saw you 2 weeks or so ago, and you saw the pain and difficulty I was having walking and so forth along with the intense pain I was ⁱⁿ and have been suffering from and you gave me a bed urinal because of my inability to walk and get around then you said that you were going to give me some KOP pain meds and re-new my lotion. I've been waiting and today 4/14/15 I asked about such and the Pill nurse said that it wasn't on the computer, that you must have forgot to put it on there. Then I begged & begged for a Medical shower and you talk to Dr Nguyen as I have tried to get a Medica shower from him also and you all said the infirmary was full and I didn't meet the Criteria to be housed there anyhow and you couldn't do anything. Then on 4/3/15 I fell in the shower hurting my back and Head along with Knocking out my front tooth, medical responded. During this time, Officers told me that they should have moved me to 8J-1 pod where there is a medical shower. Right Freakin next door to the Pod I am housed on and no-one ever helped me after I begged and pleaded to you all. I can tell that you all like me did not know a medical shower was out here and especially right next door to where I am housed. Man Ole Man, can you please get me moved to 8J-1 pod and could you please order my pain pills KOP and re-new my lotion. I am so discouraged that I had to fall, knock out a tooth and hurt myself after begging you all for a medical shower over & over and over again, and then find out that one is right next door to where I have been housed all of this freakin Time! I cannot believe you forgot to order the pain KOP which you said 

#20

Eastern Cases #
Shower + them not knowing
it and cap existed
shower in GP

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Frederick Carter

Work Assignment:

Wing No: 85-28 Bottom School Hours: Providers didn't know medical shower available

Service needed: Medical Dental Mental Health Other: sent in Sick Call on 4/9/15, stated

Reason for Health Services Appointment: Seen by Precitioner 3/30/15 and note does not order medical shower, when seen no other Doctor knew of medical shower available. It wasn't an option on 3/30/15 because they didn't know, I have fallen and a shower is available and I need

How long have you had this problem? Hours: Days: to be housed next door in

(Doctor ordered lotion & hasn't 85-1 pod to prevent falling in shower got yet + KOPs ordered myself again falling in shower

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

F Carter

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: _____

NO Medical shower ordered at this time BO

Medical Staff Member's Signature

APR 12 2015

Date

HSA - 9 (Rev. 2/12)

Eastern Cases #
Handicap Shower

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Frederick Carter

Work Assignment:

Wing No: 85-28 Bottom School Hours: _____

Service needed: Medical Dental Mental Health Other: You answer my Sick Call & say no med shower ordered. No joke, I need to see the provider to let them know that a med shower exists right next door to me. The providers are unaware of this or they would have given me med shower. I just need to see the provider because I still fear falling in the freakin shower again.

Reason for Health Services Appointment: shower ordered. No joke, I need to see the provider to let them know that a med shower exists right next door to me. The providers are unaware of this or they would have given me med shower. I just need to see the provider because I still fear falling in the freakin shower again.

How long have you had this problem? Hours: _____ Days: _____

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

F Carter

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: _____

Medical Staff Member's Signature

APR 16 2015

Date

HSA - 9 (Rev. 2/12)

Exhibit #22

Correctional Managed Care Urgent / Emergent Care Record

Patient Name: CARTER, FREDERICK S TDCJ#: 1292315 Date: 04/03/2015 09:00 Facility: POLUNSKY (TL)

Contact Provider

Name of Provider Notified:		Time:	
Provider Orders:			
Orders obtained and read back/verified by: (Name) _____			

Details of abnormal findings and ongoing assessment and care.

Time	Nursing Notes	Initials
0734	Arrived in 8 building, Jpod shower to find pt sitting with back against the wall, with cloth washrag to his mouth and bottom right tooth in his hand. Alert and oriented, and answers appropriately. Stood with assistance and escorted by C.O. to stretcher. Transported to medical.	pg
0745	Arrived in medical ER. VS slightly elevated. Pt anxious, but reassured. Dental notified. Pt remains alert and oriented. Pt c/o pain to left temple, pupils equal and reactive to light. Given ice bag. No visible bruising, edema or bleeding. Ice bag applied to left temple.	pg
0800	Resting quietly. No complaints voiced. Remains alert and oriented.	pg
0810	Released to Dental.	pg

VITAL SIGNS

Time	Temp	BP	Pulse	Resp	SPO2	FS/BS	FHT	Initials
0750	98.5	160/109	80	20	96%			pg
0805	98.5	150/90	80	20	98%			pg

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

INSTITUTIONAL DIVISION

INMATE REQUEST

TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. Unit Assignment, Transfer (Chairman of Classification, Administration Building)

2. Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)

3. Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)

4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)

5. Visiting List (Asst. Director of classification, Administration Building)

6. Parole requirement (Parole Counselor)

7. Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)

8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

Medical
(Name and title of official)
Polunsky

ADDRESS:

DATE:

5/4/17
Cane
Exhibit #23A
Copy Back Also
5/4/12

SUBJECT: State briefly the problem on which you desire assistance.

#23 b
could you please provide me with another one
or find mine, because mine was not given
to me when my property was given to me
in 11 Bldg. Last time my walker was done
like this, it took you over a month to give

Name: F. Carter No: 9235 Unit: _____
Living Quarters: 11 Bldg 23 cell Work: _____

DISPOSITION: (Inmate will not write in this space)

NSC
F. Carter

MAY 5 2017